



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E321041**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL
RESERVATION

CASE #	14-0925
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	04	-	16	-	2014			1013	31					0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR9	BLOCK NO.	
	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
	SOPER HILL ROAD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	CHARLES	FIRST NAME	LISALYNN	MIDDLE INITIAL	L
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STREET NEW ADDRESS	5801 ROBE MENZEL RD
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CITY	GRANITE FALLS	ST	WA	ZIP	982529448
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CDL	RESTRICTIONS J	ENDORSEMENTS
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DRIVER'S LICENSE #	CHARLLL344K7	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	05	-	27	-	1966
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AMB5571	STATE	WA	VIN#	2HGES15585H633067
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2005	MAKE	HOND	MODEL	CIV4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. GINGER HOBSON 15517 GOEBEL HILL RD GRANITE FALLS WA 98252 D: 4253616433

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	MIDDLESEX INS COMPANY 474610519
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 3605488038
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LAST NAME	SINGH	FIRST NAME	GURBAX	MIDDLE INITIAL	
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STREET NEW ADDRESS	13618 70TH DR SE
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CITY	SNOHOMISH	ST	WA	ZIP	982968683
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SINGHG*502C0	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	02	-	20	-	1950
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AFZ3667	STATE	WA	VIN#	1FMHK8F80CGA37033
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2012	MAKE	FORD	MODEL	EXPLORE	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. KRANTI SINGH 13618 70TH DR SE SNOHOMISH WA 98296

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	NATIONWIDE PPNM0016779516-5
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	SGT. C. VALVICK	BADGE OR ID #	71	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E321041**

CASE # **14-0925**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On 04/16/14 unit1 was travelling north on SR9 when it struck by unit2 from behind at the intersection of SR9 and Soper Hill Road.

The driver of unit2 stated he was stopped for the red light at the intersection of SR9 and Soper Hill Road when he was struck by unit1. The driver of unit1 stated unit2 broke hard for the red light and she was unable to avoid a collision.

There were no injuries related to this collision and both vehicles drove from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

SGT. C. VALVICK

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-16-14 12:17 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

4/16/2014 12:19:58 PM

BADGE OR ID #

71

ORI #

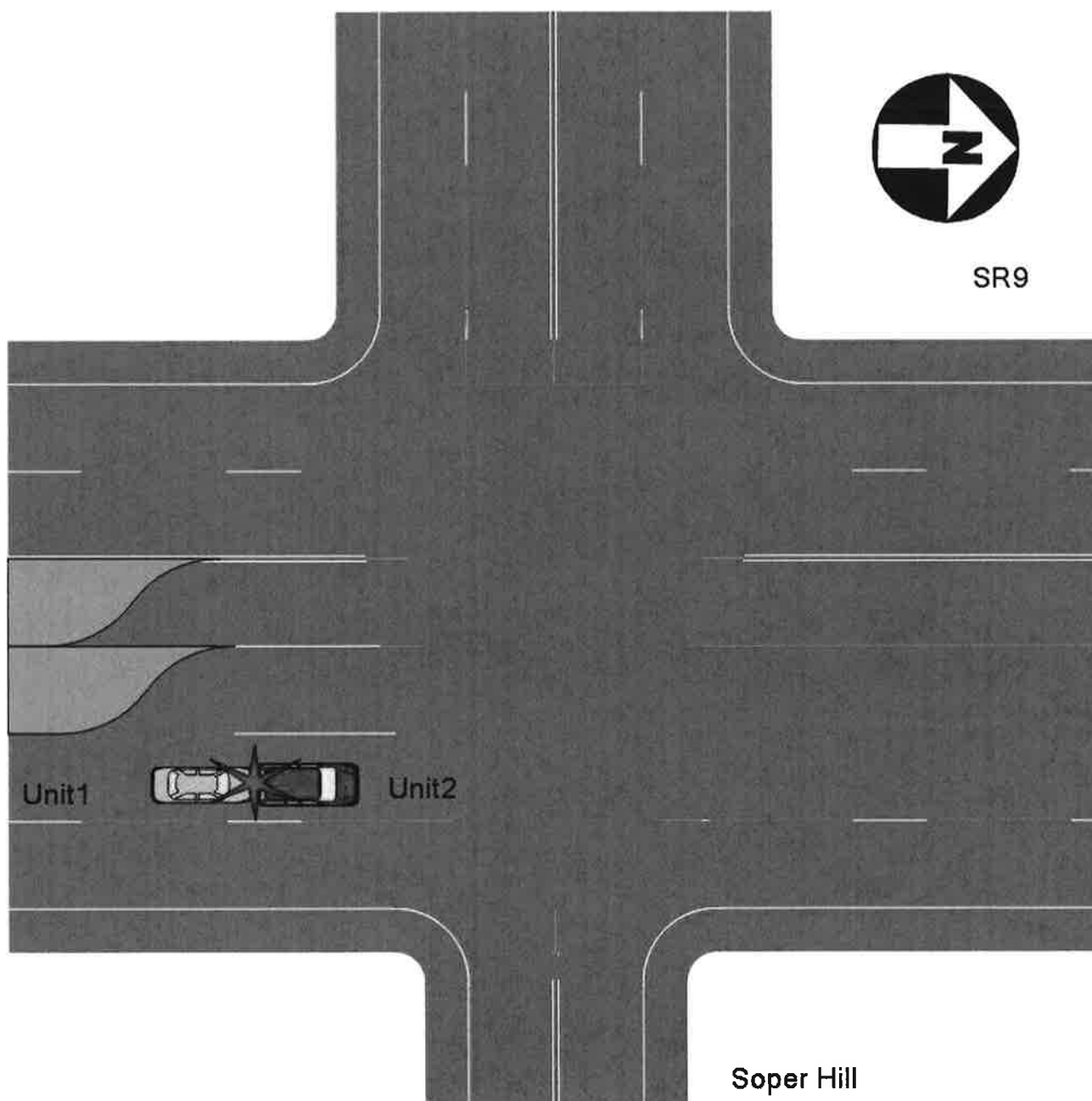
WA0311900

TIME POLICE DISPATCHED

10:14 AM

TIME POLICE ARRIVED

10:17 AM



Incident History for: #SS14007047

Case Numbers: \$SS14000925

Entered 04/16/14 10:13:35 BY SPCT08 SP0272
Dispatched 04/16/14 10:14:19 BY SPDP17 SP0112
Enroute 04/16/14 10:14:19
Onscene 04/16/14 10:17:31
Closed 04/16/14 10:41:00

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: WEST

Src: T

Loc: SOPER HILL RD/SR 9 NE , LKS (V)

Loc Info:

Name: CHARLES, LISA

Addr:

Phone: 4253616433

/1013 (SP0272) ENTRY , CC NON INJ HONDA CIVIC VS FORD
/1014 CHANGE NAM: --> CHARLES, LISA,
PHO: --> 4253616433
/1014 (SP0112) DISPER 19S11 #SS71 VALVICK, SGT (CRAIG)
/1017 (SS71) *ONSCNE 19S11
/1025 (SP0112) ASNCAS 19S11 \$SS14000925
/1039 (SP0384) SUPP TXT: WSP CALLED BACK TO CONFIRM WE R HANDLING -
ONLY INFO THEY HAVE IS MAROON FORD WITH DRIVER T
HAT DOES NOT SPEAK ENGLISH
/1041 (SP0112) CLEAR 19S11 D/H
/1041 CLOSE 19S11